

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_



## WATI Student Information Guide

### SECTION 2

### Communication

#### 1. Student's Present Means of Communication

(Check all that are used. **Circle the primary method** the student uses.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Changes in breathing patterns  | <input type="checkbox"/> Body position changes   | <input type="checkbox"/> Eye-gaze/eye movement  |
| <input type="checkbox"/> Facial expressions   | <input type="checkbox"/> Gestures  | <input type="checkbox"/> Pointing   |
| <input type="checkbox"/> Sign language approximations   | <input type="checkbox"/> Sign language (Type _____ # signs _____<br># combinations _____ # signs in a combination _____) |   |
| <input type="checkbox"/> Vocalizations, list examples _____   |  |   |
| <input type="checkbox"/> Vowels, vowel combinations, list examples _____  |  |   |
| <input type="checkbox"/> Single words, list examples & approx. # _____  |  |   |
| <input type="checkbox"/> 2-word utterances  | <input type="checkbox"/> 3-word utterances   |   |
| <input type="checkbox"/> Semi intelligible speech, estimate % intelligible: _____                                     |  |   |
| <input type="checkbox"/> Communication board  | <input type="checkbox"/> Tangibles   | <input type="checkbox"/> Photos <input type="checkbox"/> Symbols <input type="checkbox"/> Visual Scenes |
| <input type="checkbox"/> Combination symbols/words  | <input type="checkbox"/> Words   |   |
| <input type="checkbox"/> 2 symbol combinations- list examples _____   |  |   |
| <input type="checkbox"/> 3 or more symbol combinations – list examples _____  |  |   |
| <input type="checkbox"/> Communication book/binder – number of pages in book/binder _____                             |  |   |
| Does student navigate to desired page/message independently? <input type="checkbox"/> yes <input type="checkbox"/> no |  |   |
| <input type="checkbox"/> Schedule board(s) – list examples _____  |  |   |
| <input type="checkbox"/> Speech Generating device(s) - please list _____  |  |   |
| <input type="checkbox"/> Multiple overlays or levels – list examples _____  |  |   |
| <input type="checkbox"/> Partner Assisted Scanning – please describe strategies and communication system _____        |  |   |
| _____   |  |   |
| <input type="checkbox"/> Intelligible speech <input type="checkbox"/> Writing <input type="checkbox"/> Other _____    |  |   |
| Comments about student's present means of communicating _____   |  |   |
| _____   |  |   |

#### Purposes of Communication

Does the student communicate:

- |  |
|--|
| <input type="checkbox"/> Wants/Needs – list examples _____                                   |
| <input type="checkbox"/> Social interactions – list examples _____                           |
| <input type="checkbox"/> Social etiquette - list examples _____                              |
| <input type="checkbox"/> Denials/rejections – list examples _____                            |
| <input type="checkbox"/> Shared information, including joint attention – list examples _____ |
| _____  |

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**2. Those Who Understand Student's Communication Attempts** (Check best descriptor.)

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Current Level of Receptive Language**

Age approximation \_\_\_\_\_

If formal tests used, name and scores \_\_\_\_\_

If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. \_\_\_\_\_

**4. Current Level of Expressive Language**

Age approximation: \_\_\_\_\_

If formal tests used, name and scores \_\_\_\_\_

If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. \_\_\_\_\_

**5. Communication Interaction Skills**

Desires to communicate ☐ Yes ☐ No

To indicate *yes* and *no* the student

- |  |   |  |                                   |                                    |
|--|---|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Shakes head     | <input type="checkbox"/> Signs                    | <input type="checkbox"/> Vocalizes                     | <input type="checkbox"/> Gestures | <input type="checkbox"/> Eye gazes |
| <input type="checkbox"/> Points to board | <input type="checkbox"/> Uses word approximations | <input type="checkbox"/> Does not respond consistently |                                   |                                    |

Can a person unfamiliar with the student understand the response? ☐ Yes ☐ No

*(Continued on next page)*

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Does the student** (check best descriptor)

	Always	Frequently	Occasionally	Seldom	Never
Turn toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get other's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show awareness of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiate interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair communication breakdowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Require verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Require physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain communication exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminate communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe techniques student uses for repair (e.g. keeps trying, changes message, points to first letter etc.).

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**6. Student's Needs Related to Devices/Systems** (Check all that apply.)

- ☐ Walks                      ☐ Uses wheelchair                      ☐ Carries device under 2 pounds  
☐ Drops or throws things frequently                      ☐ Needs digitized (human) speech  
☐ Needs device w/large number of words and phrases  
☐ Requires scanning  
☐ Requires auditory preview  
☐ One reliable switch site    ☐ More than one reliable switch site  
☐ Other \_\_\_\_\_

**7. Pre-Reading and Reading Skills Related to Communication** (Check all that apply.)

- ☐ Yes    ☐ No    Object/picture recognition  
☐ Yes    ☐ No    Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)    Number of symbols \_\_\_\_\_  
☐ Yes    ☐ No    Auditory discrimination of sounds  
☐ Yes    ☐ No    Auditory discrimination of words, phrases  
☐ Yes    ☐ No    Selects initial letter of word  
☐ Yes    ☐ No    Follows simple directions  
☐ Yes    ☐ No    Sight word recognition    Number of words \_\_\_\_\_  
☐ Yes    ☐ No    Recognizes environmental print  
☐ Yes    ☐ No    Puts two symbols or words together to express an idea

List any other reading or pre-reading skills that support communication \_\_\_\_\_

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**8. Visual Abilities Related to Communication** (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Maintains fixation on stationary object   | <input type="checkbox"/> Looks to right and left without moving head |
| <input type="checkbox"/> Visually recognizes people                | <input type="checkbox"/> Scans matrix of symbols in a grid           |
| <input type="checkbox"/> Visually recognizes common objects        | <input type="checkbox"/> Scans line of symbols left to right         |
| <input type="checkbox"/> Visually recognizes photographs           | <input type="checkbox"/> Visually shifts horizontally                |
| <input type="checkbox"/> Visually recognizes symbols or pictures   | <input type="checkbox"/> Visually shifts vertically                  |
| <input type="checkbox"/> Needs additional space around symbol      | <input type="checkbox"/> Looks at communication partner              |
| <input type="checkbox"/> Requires high contrast symbols or borders | <input type="checkbox"/> Benefits from “zoom” feature                |

Is a specific type (brand) of symbols or pictures preferred? \_\_\_\_\_

What size symbols or pictures are preferred? \_\_\_\_\_

What line thickness of symbols is preferred? \_\_\_\_\_ inches

Does student seem to do better with black on white, white on black, or a specific color combination for figure/ground discrimination? \_\_\_\_\_

Explain anything else you think is significant about the communication system the student currently uses or his/her needs (Use an additional page if necessary) \_\_\_\_\_

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**9. Sensory Considerations:**

Does the student have sensitivity to:

- ☐ Velcro
- ☐ Synthesized (computer generated) voices
- ☐ Volume
- ☐ Switch feedback (clicking noise)
- ☐ Tactile sensations
- ☐ Other

Explain student's reaction to any of the checked items \_\_\_\_\_

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**What are the communication expectations for the student in different environments?**

**School (regular and special ed., with peers, formal and informal- such as lunch room settings)**

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**Home** \_\_\_\_\_

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**Community (stores, restaurants, church, library, etc.)** \_\_\_\_\_

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**Summary of Student's Abilities and Concerns Related to Communication including past AT used to support student's communication** \_\_\_\_\_

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